Patent
VT0316-US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Weiqun Yang
Serial No.:	10/074,403
Filed:	02/11/2002
Docket No.:	VT0316-US1

Examiner:	G. Manuel
Art Unit:	3762

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DEC 13 2004

AMENDMENT TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Sir:

Transmitted herewith is a response to Office Action, in the above-identified application.

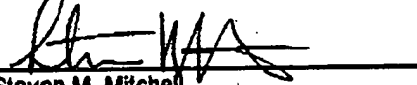|		
	Applicant petitions for an extension of time for __ month(s) to respond to the Office Action dated ____. If an additional extension of time is required, please consider this a petition therefor.	$
	An extension for __ month(s) has already been secured; the fee paid therefor is deducted from the total fee due for the total months of extension now requested.	$ —
	Extension fee due with this request	$ —
x	Applicant believes that no extension of time is required to respond to the Office Action dated September 28, 2004. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.	
	No additional fee for claims is required.	
x	The fee for claims has been calculated as shown below	

CLAIMS AS AMENDED

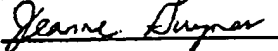|	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDITIONAL FEE
TOTAL CLAIMS	25	minus	15	=	5	x	$ 50.00	$250.00
INDEPENDENT CLAIMS	3	minus	2	=	0	x	$ 200.00	$
MULTIPLE DEPENDENT							$ 360.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT								$250.00

Charge $250.00 to Deposit Account No. 22-0265 of Ventritex, Inc. Sunnyvale, California. Please charge any additional fees for claims or credit overpayment to Deposit Account No. 22-0265. If any addition extension fee is required, please charge to Deposit Account No. 22-0265. This form is submitted in duplicate.

Respectfully submitted,

Steven M. Mitchell
Reg. No. 31,857
Attorney for Applicant

PACESETTER, INC.
701 E. Evelyn Avenue
Sunnyvale, CA 94086
Telephone: (408) 522-6101

I hereby certify that this correspondence is being sent via facsimile transmission to: Mail Stop: No Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Fax No. 703-872-9306, Examiner George Manuel on 12/13/04.

Jeanne Dugmar   December 13, 2004
Date

BEST AVAILABLE COPY

Application or Docket Number: 10/074403 (handwritten)

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number: *VTO 316-US1* (handwritten)

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	15	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	15 minus 20=	* —
INDEPENDENT CLAIMS	2 minus 3 =	* —
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

12-13-04 (handwritten)

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 25	Minus	** 20	= 5
Independent	* 3	Minus	*** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	90 → 250
X42=		OR	X84=	
+140=		OR	+280=	250
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	90 Pd

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 8/01)

☆U.S. GPO 2001 482-124/59197

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE